



State of SD Dept. of Human Service
Equipment Distribution Program
Hillsvie Plaza, 500 E. Capitol
Pierre, South Dakota 57501

South Dakota Department of Human Service

Application for South Dakota Telecommunication Equipment Distribution Program

The Telecommunications Equipment Distribution Program (TEDP) provides telecommunication devices to individuals who are deaf, hard of hearing, deaf/blind or speech impaired. Teletypewriters (TTYs), flashing light phone ring signalers, volume amplifiers, loud ringers, TTYs with large visual displays and other equipment is available to fit every individual's telecommunication needs.

→ Failure to complete the application form correctly and completely may cause a delay in receiving the equipment requested. Please type or print in Ink.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Social Security Number: _____

Date of Birth: ____/____/____ Age: _____ Gender: ☐ Male ☐ Female

Race: ☐ Native American ☐ African American ☐ Asian American

☐ Hispanic ☐ Caucasian ☐ Other _____

Phone: Home: () _____ Work: () _____ Other: () _____

Give the directions to your home:

Who else could we contact in order to reach you? _____

Please check all the items that are correct:

- ☐ Communication barrier when using the telephone.
- ☐ I am a resident of South Dakota
- ☐ I now have telephone service or have applied for telephone service in my home.
- ☐ I have modular phone jacks in my home.

Please identify the type of equipment that would enable you to access telecommunication services:

- ☐ Teletypewriter (TTY)
- ☐ Volume Amplifier
- ☐ Telephone Ring Signaler (Flashing Light)
- ☐ Super Telephone Ring Signaler (Loud Ringer)
- ☐ Other: _____

Please describe how the telecommunication equipment identified above will enable you to access telecommunication services.

→ The above facts are true and complete to the best of my knowledge. If under 18 years old, both the applicant and guardian must sign.

Date

Applicant's Signature

Guardian or Parent (if applicable)

Program Administration

South Dakota Division of Rehabilitation Services
c/o Deaf Program Specialist
500 East Capitol
Pierre, SD 57501
1-800-265-9684 (Toll Free)
(605) 773-5990 (TTY)

Mail this application to:

**State of SD Dept. of Human Services
Attn: Equipment Distribution Program
Hillview Plaza, 500 E. Capitol
Pierre, South Dakota 57501**



South Dakota Department of Human Service

State of SD Dept. of Human Service
Equipment Distribution Program
Hillsview Plaza, 500 E. Capitol
Pierre, South Dakota 57501

Certification of Hearing / Speech / Visual Impairment for Telecommunication Equipment Distribution Program

Verification of impairment and the need for special phone equipment.

Applicant's Name: _____ Phone: _____
Last, First Middle

→ This certification can be completed by one of the following:

- A License Physician
- A Certified Audiologist
- A Division of Rehabilitation Services Personnel
- A Division of Services to the Blind and Visually Impaired Personnel

An examination or records show that the applicant has one or more of the following disabilities which causes an impediment in accessing the telephone system.

- | | |
|--|--|
| <input type="checkbox"/> Deaf | <input type="checkbox"/> Speech Impaired |
| <input type="checkbox"/> Hard of Hearing | <input type="checkbox"/> Deaf / Blind |

Individuals considered "Hard of Hearing" must have a hearing loss of 30dB average in the frequencies <500, 1000, & 2000> or greater in the better ear. If an audiogram is available, please provide a copy.

Name: _____ Phone: _____

Agency: _____

Address: _____

Signature: _____ Date: _____

This program is funded through the South Dakota Department of Human Services. Services are provided by the Department of Communication Service for the Deaf.

Return this form to:

State of SD Dept. of Human Services
Attn: Equipment Distribution Program
Hillsview Plaza, 500 E. Capitol
Pierre, South Dakota 57501